

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027625

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1921

300  
1-57

4002

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON 5</u>		c. CITY OR TOWN <u>KIRKWOOD 22, MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis Co. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>221 S. TAYLOR AVE</u>	
Length of stay in lb <u>2 DAYS</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Alexander</u> Last <u>Alexander</u>		4. DATE OF DEATH Month <u>7</u> Day <u>18</u> Year <u>58</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 17, 1908</u>
9. AGE (In years last birthday) <u>50</u>		10. FUNDING YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ICE CREAM MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY WOODLAWN FARM</u>	
11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJ. CLARK ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA MORROW</u>	
14. NAME OF HUSBAND OR WIFE <u>DAISY ALEXANDER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>494-09-1746</u>		17. INFORMANT <u>DAISY ALEXANDER - KIRKWOOD 22. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma of lung, metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/16/58</u> <u>7/18/58</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1621</u> DUE TO (c) <u>1621</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>8:30</u> Month <u>7</u> Day <u>18</u> Year <u>58</u> a.m. <u>8:30</u> p.m. <u>8:30</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>ST. Louis Co. Mo.</u>		20g. COUNTY <u>ST. Louis Co.</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u>7-16-58</u> to <u>7-18-58</u> and last saw her alive on <u>7-18-58</u> Death occurred at <u>8:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Angelo A. Spens MD.</u>		22b. ADDRESS <u>601 So. Brentwood</u>	
22c. DATE SIGNED <u>7-18-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>7/18/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEM.</u>	
23d. LOCATION (City, town, or county) <u>ST. Louis Co. Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>PITZINGER MORT.</u>		25. DATE RECD. BY LOCAL REG. <u>7-21-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Ben E. Hoffman* .....

Licensed Embalmer No. *4366* .....

P. O. Address *St. Louis, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.